The aphasic state was as follows: The patient had formerly been master of two languages. The comprehension of these remained but the articulation, with the exception of a few syllabels, disappeared. The clinical picture was that of a typical motor aphasia, typus Broca or Lichtheim's cortical aphasia. In the further examination of the patient's intelligence, it was found that he could not express the results of the simplest mathematical calculation. When he was told to use his fingers in counting, he was unable to do so. The attempt to trace out geometrical figures by means of gestures was a failure. If an object was placed before him he succeeded after a fashion in tracing out its general form. When the object was removed, it was impossible for him to do this. In addition he was unable to pantomime any common action, such as praying, eating, etc. For example, when asked to show by gestures the use of a pen, it was impossible for him to go through the movements of writing with one. The understanding of pantomime speech remained perfectly normal. Imitation of pantomime movements was accomplished almost always with skill and confidence. It is interesting to note in this case that improvement in the mimic speech kept pace with the improvement in the aphasia.

Case II.—As a result of a blow on the head in the temporal region, temporary unconsciousness. A difficulty in understanding spoken words followed. No paresis. General arterio-sclerosis of a high grade. Voluntary speech retained but somewhat confused, and at times paraphasic in character. The clinical picture was that of Lichtheim's cortical sensory aphasia, with the difference that copying was impossible. He used spontaneously only the most primitive gestures, such signs as yes and no, and had inability to do things. Other pantomime gestures were not employed at all, although they could have aided him in expressing things, the proper words of which were not at his command. His understanding of pantomime movements was very slight. He did not recognize the simplest geometrical figures when traced out by gestures. The patient died with symptoms pointing to increased intracerebral pressure. Anatomical diagnosis, tumor of the occipital lobes of the left side growing towards the internal capsule.

Case III.—Patient sent to the hospital with the history of mental disturbance of a vague nature. Understands the nature of questions asked him. Speaks spontaneously freely enough, but uses incomplete sentences and at times paraphasic. The diagnosis of Lichtheim's cortical aphasia best describes his condition. He cannot comprehend pantomime speech and makes no use of gestures at all in attempting to express himself. Geometrical figures not recognized. The origin and significance of pantomime speech from a psychological point of view is analysed by the author as well as the consideration of the various theories advanced by Wundt, Anton, Meynert, and others. The position of this form of speech is thus stated: Mimic speech plays the rôle of a connecting link between sensory stimuli and an individual's reaction to the same (expression of feeling), on the one hand, and the spoken or written word on the other. For a clearer understanding of the nature of pantomime speech a more careful clinical study of aphasics is necessary in order to determine the failure or retention of a conception of gestures in these cases. SCHWAB.

UEBER DIE HEREDITÄRE PROGRESSIVE SPINAL MUSKELATROPHIE IM KINDESALTER (Hereditary Muscular Atrophy in Children). J.

Hoffmann (Münch. med. Wochenschrift, 47, 1900, Nov. 27, p. 1649).

Hoffmann divides the muscular atrophies into muscular, neural and spinal. The latter, of distinct familial and hereditary type, though rare, especially claims the author's attention on account of the ease with which it can often be diagnosed during life. The following peculiarities are noted: Children, who are born of healthy parents and without the aid of forceps, and whose first months of life have been normal, are attacked by the disease between their fifth and ninth months. In the course of weeks or months the motions in the hips become more and more weak, and this without the appearance of any acute symptoms of infection, such as vomiting, diarrhea, or convulsions. Walking, if it has already been begun, will become impossible. Weakness of the dorsal and abdominal musculature soon manifests itself. The disease progresses to the upper extremities and neck, so that eventually the entire system of muscles is more or less paralyzed. The cranial nerves, with the sole exception of the spinal part of the accessorius, are not involved. Atrophy of the muscles, which may be hidden by a well-developed fatty deposit in the subcutaneous tissues, reaction of degeneration, loss of patellar reflex, contracture and a kyphoscoliotic curvature of the spine are found. On the other hand, the mental faculties and sensation are rarely affected except for occasional transient pains. A cure is impossible despite the free use of saline baths, strychnine, phosphorus, the iodides, electricity and quinine; death, from pulmonary complications, invariably occurs from 1 to 4 years. Bulbar symptoms or muscular hypertrophy or pseudohypertrophy have not been observed. Pathologically there is a symmetrical degeneration of the neurones of all nerves below the hypoglossal, of the multipolar ganglion cells of the anterior horns and of the intra- and extramedullary portions of the anterior roots. The brain and the white columns of the cord are unchanged. The cause of the disease is unknown, but is probably due to an inherited weakness of the parts involved.

JELLIFFE.

MITTHEILUNG ÜBER EINEN FALL VON TETANIE NACH INTOXICATION (Tetany following Intoxication). F. Dammer (Münch. med. Woch. 47, 1900. Nov. 13, p. 1587).

The author relates the symptoms of a patient who was treated with male fern and calomel for tapeworm and who, soon after the expulsion of the head, developed typical symptoms of tetany with both Trousseau's and Chovostek's symptoms present. Since the ordinary causes of tetany were absent and since calomel is not known to cause tetany, the intoxication was ascribed to the male fern, which is known to cause nervous symptoms of a less-pronounced character.

JELLIFFE.

UEBER EINEN FALL VON MYELITIS APOPLECTICA (Concerning a Case of Myelitis Apoplectica). George Flatau (Centralblatt für Nervenheilkunde und Psychiatrie, Jan. 1901, p. 18).

A boy of sixteen years had an abscess of the tooth and probably also one of the antrum of Highmore. He awoke one morning twenty years before he came under Flatau's observation, with paresthesia of the right lower limb and paralysis of the left upper and left lower limbs. Retention of urine persisted fourteen days, and there